

PROOF OF CLAIM

United States Bankruptcy Court District of Idaho		PROOF OF CLAIM Chapter (please check appropriate box): 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input checked="" type="checkbox"/>	THIS SPACE FOR COURT USE ONLY
Instructions: Complete this form and mail to: US Bankruptcy Court, 550 West Fort St. MSC 042, Boise, ID 83724		Proof of Claim Form and Supporting Documents are to be filed in <i>DUPLICATE</i> on Chapter 12 and 13 cases.	
In Re: (NAME OF DEBTOR) <u>Blush, DAIE</u>		CASE NUMBER: <u>99-1784</u>	
NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property): EQUIFAX RMS PO BOX 4908 BOISE ID 83711-4908		NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC §503.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>11742448</u>		Check here if this claim: <input type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS a previously filed claim dated:	
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Assignment <input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries and compensation: Social Security #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">DATE DATE</div>			
2. DATE DEBT OCCURRED: <u>3/99</u>		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following: a. Secured b. Unsecured Nonpriority c. Unsecured Priority It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED.			
SECURED CLAIM: \$ _____ Attach evidence of perfection of security interest Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly) Amount of Arrearage and other charges at time case was filed included in secured claim above, if any: \$ _____		UNSECURED PRIORITY CLAIM: \$ _____ SPECIFY THE PRIORITY OF THE CLAIM: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4). <input type="checkbox"/> Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(6). <input type="checkbox"/> Taxes or penalties of governmental units - 11 USC § 507(a)(7). <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a) ____	
UNSECURED CLAIM: \$ <u>650.47</u> A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED: UNSECURED: \$ <u>650.47</u> SECURED: \$ _____ PRIORITY: \$ _____ TOTAL \$ <u>650.47</u> <input type="checkbox"/> Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.		THIS SPACE FOR COURT USE ONLY <div style="font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">7</div>	
7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices, assignments, deficiency documents, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
DATE: <u>8/17/99</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). KATHY RICE <u>KR</u> TELEPHONE No: 208-375-9640		

UNITED STATES BANKRUPTCY COURT

District of Idaho (Boise)

Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, & Deadlines

The debtor(s) listed below filed a chapter 13 bankruptcy case on 7/13/99.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.

Debtor(s) (name(s) and address):

Dale Blush

5601 Marvin Ln #127D
Boise, ID 83705

Leona Blush

5601 Marvin Ln #127D
Boise, ID 83705-
USACase Number:
99-01784Social Security/Taxpayer ID Nos.:
518-46-5574
541-48-9148

Attorney for Debtor(s) (name and address):

Harold Q Noack, Jr
POB 875
Boise, ID 83701

Telephone number: (208) 336-2480

Bankruptcy Trustee (name and address):

Bernie R Rakozy
POB 1738
Boise, ID 83701

Telephone number: (208) 343-4476

Meeting of Creditors:

Date: 08/06/99 Time: 8:00 am

Location: Office of U.S. Trustee, 8th and Bannock 3rd Fl #333, Boise, ID 83702

Deadlines:

Papers must be received by the bankruptcy clerk's office by the following deadlines:

Deadline to File a Proof of Claim:

For all creditors (except a governmental unit): 11/04/99

For a governmental unit: 01/10/00

Deadline to Object to Exemptions:

Thirty (30) days after the conclusion of the meeting of creditors.

Filing of Plan, Hearing on Confirmation of Plan

The debtor has not filed a plan as of this date. You will be sent separate notice of the hearing on confirmation of the plan.

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:

US Bankruptcy Court
550 West Fort MSC 042
Computerized Case Info (208) 334-9386
Boise, ID 83724Telephone number: Computerized Case information: (208)
334-9386/Web Site: www.id.uscourts.gov

For the Court:

Clerk of the Bankruptcy Court:
Cameron BurkeHours Open:
8:00 a.m. to 5:00 p.m.Date:
07/14/99

P.O. BOX 4908
BOISE, ID 83711



RISK MANAGEMENT ALTERNATIVES, INC.

ADDRESS SERVICE REQUESTED

7255 Franklin Rd
Boise, ID 83709
800-926-3675



July 27, 1999

#S000000208 04 #T000000002
11859737
FLYING J INC.
50 W 990 S
BRIGHAM CITY, UT 84302-3121
|||||

Subject: Verification Statement

We are filing a bankruptcy claim on the account below. We need a verification statement and a simple assignment that we may use for this purpose. Please sign the assignment if the information is correct.

Thank you for your prompt attention.

Kathy Rice (208) 375-9640

Re: Blush, Dale E
5601 Marvin Apt 127
Caldwell Id 83605

SSN:
Debtor Account Number: 11859737
For: \$ 25.00 Last Pmt:
Date Assigned: 11-25-97
Reference Number: #5002-Nsf0241

For value received, I/we herewith sell and assign all of our right, title and interest in and to our account against the above named debtor.

To the Risk Management Alternatives, Inc. This account is a bonafide Account, is justly owing, and is now due and unpaid, and that to the best of our knowledge and information (we) have fully complied with all applicable provisions of uniform consumer codes and (or) regulations relating to this account.

Flying J Inc.
50 W 990 S
Brigham City, Ut 84302

RISK MANAGEMENT ALTERNATIVES, INC.
P.O. BOX 4908
BOISE, ID 83711

NAME Flying J Inc.
SIGNATURE Clark G. Gessel
DATE 8/6/99

11741445	1168807100	ST ALPHONSE RMC	100.00	05-11-91	010	05-11-91
3738485-1		BLUSH+ DALE E.			0	05-11-91
11731750	1168808106	YVARS EMERGENCY PHYSIC	34.00	05-10-91	010	
3738485		BLUSH+ DALE E.			0	05-10-91
11737385	1168808760	ST ALPHONSE RMC	192.45	08-11-89	010	08-11-89
3738738-1		BLUSH+ DALE E.			0	08-11-89
11739373	1168808826	YVARS EMERGENCY PHYSIC	30.00	12-05-90	010	
3738738		BLUSH+ DALE E.			0	12-05-90
11750737	1168809004	YVARS EMERGENCY PHYSIC	30.00	11-01-91	010	
45001-0870241		BLUSH+ DALE E.			0	08-20-97
11688413	1168809790	ST ALPHONSE RMC	55.00	06-11-95	010	07-12-99
0168012-1		BLUSH+ DALE E.			0	03-10-97
11690147	1168809806	YVARS EMERGENCY PHYSIC	20.00	07-08-95	010	
0168012		BLUSH+ DALE E.			0	07-13-99

TOTAL 7 194.03
0011.87287